Employment and Community First Refresher Training Part II

PAE Fundamentals

Source of all truth

Rules of Tennessee Department of Finance and Administration
Bureau of TennCare

Chapter 1200-13-01 TennCare Long Term Care Programs

Always found at: https://tn.gov/tenncare/ then "Legal" and "TennCare Rules" found under Additional Information

HCBS CHOICES Groups 1, 2 and 3

CHOICES

CHOICES is made up of three (3) groups, each with distinct eligibility/enrollment requirements and benefits:

Group 1

Consists of persons who are receiving Medicaid reimbursed long term services and supports in a nursing facility. This includes persons who are eligible for Medicaid in any eligibility category regardless of age or condition, and who meet NF LOC.

Group 2

Consists only of persons age 65 and older and adults age 21 and older with physical disabilities who meet NF LOC, qualify as either SSI recipients or in an Institutional category, and who need and are receiving HCBS as an alternative to NF care.

Benefits limited via cost neutrality cap

* Enrollment target exists

Group 3

Consists only of persons age 65 and older and adults age 21 and older with physical disabilities who do NOT meet NF LOC, but who, in the absence of HCBS, are “at risk” for NF care, and who qualify as SSI recipients as of July 1st, 2015.

Benefits limited via expenditure cap

NF

And

At

TN™

All about Level of Care

Meeting Level of Care (Groups 1, 2 and 3)

- NF LOC (Group 1 and 2)-
  - Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
  - Meet At Risk LOC and be determined by TennCare to not qualify for enrollment in CHOICES Group 3 because needs cannot be safely met.

- At Risk LOC (Group 3)-
  - Have at least one significant functional deficit on the TennCare NF LOC Acuity Scale and be determined by TennCare that needs can be safely met in the community

Meeting Level of Care (ECF CHOICES)

- NF LOC (ECF CHOICES)-
  - Have a total acuity score of at least 9 on the TennCare NF LOC Acuity Scale; or
  - Have a approved acuity score below a 9 and the necessary intervention and supervision needed by the applicant cannot be safely provided within the array of services and supports available if the applicant was enrolled Group 5; or
  - Have a approved acuity score below a 9 and will likely not qualify financially for TennCare unless the deeming of the parent's income to the child is waived; and without ECF CHOICES Group 4 benefits is at risk of placement outside the home.

- At Risk LOC (ECF CHOICES)-
  - Have either an Intellectual Disability or Developmental Disability

Determining Level of Care

Determining Level of Care

- LOC determinations include an assessment of certain functional needs-the need for assistance with Activities of Daily Living (ADLs) and an assessment of certain clinical needs.
- ADLs consist of self care tasks that enable a person to live independently in his own home such as:
    - Transferring from the bed to a chair
    - Walking or using a wheelchair
    - Eating
    - Toileting
- LOC determinations also include considerations of other factors that impact a person's ability to live safely and independently in the community
    - Communication
    - Cognitive Status
    - Behavior
    - Taking medicine

Determining Level of Care

Determining Level of Care

- The clinical needs as captured on the PAE are skilled and/or rehabilitative services such as
  - tube feeding
  - wound care
  - occupational therapy
  - physical therapy
  - Ventilator

Determining Level of Care

NF LOC Acuity Scale

- TennCare reviews each functional and clinical need and assigns a weighted value of each component on a scale of 0 to a maximum of 5, depending on the amount of assistance needed.
- Medical eligibility is based on each applicant's cumulative score, which reflects the acuity of that person's needs.
- This approach:
  - Recognizes that not all functional and clinical needs are alike;
  - Takes into consideration those types of needs that may require more assistance; and
  - Provides some consideration for lesser levels of need for assistance (for a person who needs help only *some* of the time)

Level of Care

Acuity Scale

The acuity scale applies weighted values to the answer that you provide to each question on the functional assessment:

ADL (or related) Deficiencies		Weights					
Functional Measure	Condition	Always	Usually	Usually Not	Never	Max Individual Score	Max Acuity Score
Transfer	Highest value of two measures	0	1	3	4	4	4
Mobility		0	1	2	3	3	
Eating		0	1	3	4	4	4
Toileting	Highest value of three possible questions for the toileting measure	0	0	1	2	2	3
Incontinence care		0	1	2	3	3	
Catheter/ostomy care		0	1	2	3	3	
Orientation		0	1	3	4	4	4
Expressive communication	Highest value of two possible questions for the communication measure	0	0	0	1	1	1
Receptive communication		0	0	0	1	1	
Self-administration of medication	First question only (excludes SS Insulin)	0	0	1	2	2	2
Behavior		3	2	1	0	3	3
Maximum Possible ADL (or related) Acuity Score							21

Points to Remember:

- TennCare LTSS previously could only approve/deny what you submit. As of April 15th, 2014 LTSS nurses may partially approve answers based on the medical documentation submitted.
- TennCare LTSS can only approve/deny the scores associated with the answers you submit. If you submit anything below a 9, the approved score will never be above a 9.

Level of Care

Skilled Services

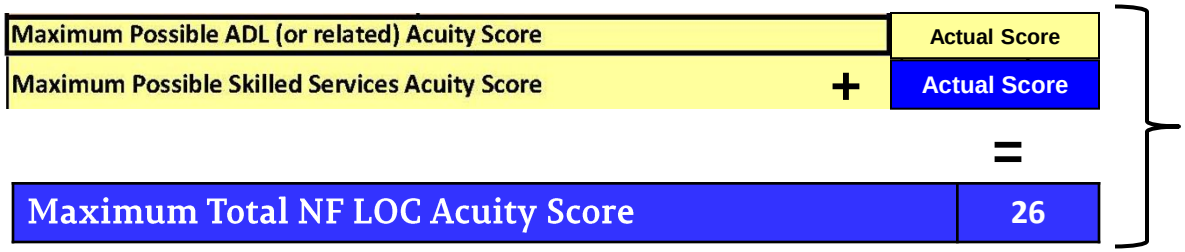
Utilizing the answers that are provided on the PAE submission:

Skilled Services	
Ventilator	5
Frequent tracheal suctioning	4
New tracheostomy or old tracheostomy requiring suctioning through the	3
Total Perenteral Nutrition (TPN)	3
Complex wound care (i.e., infected or dehisced wounds)	3
Wound care for stage 3 or 4 decubitus	2
Peritoneal dialysis	2
Tube feeding, enteral	2
Intravenous fluid administration	1
Injections, sliding scale insulin	1
Injections, other IV, IM	1
Isolation precautions	1
PCA pump	1
Occupational Therapy by OT or OT assistant	1
Physical Therapy by PT or PT assistant	1
Teaching catheter/ostomy care	0
Teaching self-injection	0
Other	0
Maximum Possible Skilled Services Acuity Score	**5**

= total of all actual maximum acuity scores; only up to 5

Level of Care

Acuity Scale



All answers may be approved or denied by TennCare based on supporting documentation. If an answer is denied, the assigned value would not apply to the "actual score". Only those approved will apply to the "actual score". This means the total acuity score may change once a PAE is reviewed by TennCare.

Assessments

Functional Assessment

Let's review each Functional Requirement:

- TennCare Rule 1200-13-01-.10.4(b)(2)(iii) definitions
- Assessment Answer Options
- Assessment Tool Questions/Answers

Key Factors:

- Need to consider with each question/answer does the applicant require assistance?
- Consider a person's functionality in a 24 hour/7 days a week window of need. Some patients may appear, during your presence, to be functioning well in an area, that they may not function well at different times/days. For example, someone maybe incontinent only at night, but fine the rest of they day.

Functional Assessment

TennCare definition and interpretation of response options from the functional assessment on the PAE application are as follows:

Always: Always performs function independently
Usually: Requires assistance only 1-3 days per week
Usually Not: Requires assistance 4 or more days per week
Never: Never performs function independently

* For the area of Behavior the definitions listed above are reversed

Most Important Advice!

Know the definitions for each category and apply answers as they relate to that definition. This becomes important when conducting collateral interviews and the person may not understand the question as it would relate to our definition and may therefore provide more unnecessary information than should be applied.

Rule says...

The Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of transfer assistance required.

Transfer

Helpful Hint: Transfer

This is moving the body from one place to another without ambulating (which is covered under the Mobility section). It is important to note the rule applies to bed, chair, or toilet only. An example may be the applicant needs someone to hold on to him when he is getting up/down from the bed and on/off the toilet.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, ADL flow sheets, PT notes, nurse's notes, section "G" of MDS, HCBS Tools (Applicant and Collateral tools)

Question on the PAE

Can applicant transfer to and from bed, chair, or toilet without physical help from others?

Always: Applicant is always capable of transfer to and from bed, chair, or toilet without physical assistance.
Usually: Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 1-3 days per week
Usually Not: Applicant is incapable of transfer to and from bed, chair, or toilet unless physical assistance is provided by others 4-6 days per week.
Never: Applicant is never capable of transfer to and from bed, chair, or toilet without physical assistance 7 days per week.

Rule says…

The Applicant requires physical assistance from another person for mobility on an ongoing basis (daily or at least four days per week). Mobility is defined as the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair (manual or electric) if walking is not feasible. The need for a wheelchair, walker, crutch, cane, or other mobility aid shall not by itself be considered to meet this requirement.

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of mobility assistance required.

Mobility

Helpful Hint: Mobility

This is the act of moving from one place to another including the ability to walk, using mobility aids such as a walker, crutch, or cane if required, or the ability to use a wheelchair if walking is not feasible. In other words, if someone is able to get from one place to another using their manual or power wheelchair, this would be considered "mobile". An example may be the applicant needs someone to hold on to him when he is ambulating with his cane.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, ADL flow sheets, PT notes, nurse's notes, section "G" of MDS, HCBS tools

Questions on the PAE

Can applicant walk without physical help from others?

Always: Applicant is always capable of walking without physical assistance.
Usually: Applicant is incapable of walking unless physical assistance is provided by others 1-3 days per week.
Usually Not: Applicant is incapable walking unless physical assistance is provided by others 4-6 days per week.
Never: Applicant is never capable of walking without physical assistance 7 days per week.

If walking is not feasible (answer to mobility question above is UN or N), is applicant capable of using a wheelchair, either manual or electric?

Always: Applicant is always capable of mobility without physical assistance.
Usually: Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 1- 3 days per week.
Usually Not: Applicant is incapable of wheelchair mobility unless physical assistance is provided by others 4-6 days per week.
Never: Applicant is never capable of wheelchair mobility without physical assistance 7 days per week.

Rule says…

The Applicant requires physical assistance with gastrostomy tube feedings or physical assistance or constant one-on-one observation and verbal assistance (reminding, encouraging) 4 or more days per week to consume prepared food and drink (or self-administer tube feedings, as applicable) or must be fed part or all of each meal. Food preparation, tray set-up, assistance in cutting up foods, and general supervision of multiple residents shall not be considered to meet this requirement.

Approval of this deficit shall require documentation which supports the need for such intervention, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task. For PAEs submitted by the AAAD (or entity other than an MCO, NF, or PACE Organization), an eating or feeding plan specifying the type, frequency and duration of supports required by the Applicant for feeding, along with evidence that in the absence of such physical assistance or constant one-on-one observation and verbal assistance, the Applicant would be unable to self-perform this task shall be required.

Eating

Helpful Hint: Eating

An example may be the applicant needs someone to place food/drink in his/her mouth. Or the applicant requires constant one-on-one observation and verbal assistance to eat.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, ADL flow sheets, OT/ST notes, nurse's notes, swallow study, section "G" of MDS, HCBS tools

Question on the PAE

Can applicant eat prepared meals or administer tube feedings without assistance from others?

Always: Applicant is always capable of eating prepared meals **or administering tube feedings** without assistance.

Usually: Applicant is incapable of eating prepared meals **or administering tube feedings** unless assistance is provided by others 1-3 days per week.

Usually Not: Applicant is incapable of eating prepared meals **or administering tube feedings** unless assistance is provided by others 4-6 days per week.

Never: Applicant in never capable of eating prepared meals **or administering tube feedings** without assistance 7 days per week.

Rule says...

The Applicant requires physical assistance from another person to use the toilet or to perform incontinence care, ostomy care, or catheter care on an ongoing basis (daily or at least four days per week).

Approval of this deficit shall require documentation of the specific type and frequency of toileting assistance required.

Toileting

Helpful Hint: Toileting

Includes the act of toileting, adjusting clothing and/or being able to properly clean oneself. This does NOT include the act of getting on/off toilet as this is accounted for in the Transfer question already. Incontinence is scored separately, for example someone may usually be able to toilet but is incontinent and can never clean themselves. Some people have an indwelling catheter and care for it themselves, do not assume the presence of one means the person is Never able to self-care.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, ADL flow sheets, nurse's notes, section "G" of MDS, HCBS tools

Questions on the PAE

Can applicant toilet without physical help from others (This does not include transferring)?

Always: Applicant is always capable of toileting without physical assistance.
Usually: Applicant is incapable of toileting unless physical assistance is provided by others 1-3 days per week.
Usually Not: Applicant is incapable of toileting unless physical assistance is provided by others 4-6 days per week.
Never: Applicant in never capable of toileting without physical assistance 7 days per week.

Questions on the PAE

IF INCONTINENT: Does applicant require physical assistance from another person to perform incontinent care on an ongoing basis?
Check Type(s): [ ] Bowel [ ] Bladder

Always: Applicant is always capable of performing incontinence care without physical assistance.
Usually: Applicant is incapable of performing incontinence care and requires physical assistance 1-3 days per week.
Usually Not: Applicant is incapable of performing incontinence care and requires physical assistance 4-6 days per week.
Never: Applicant is never capable of performing incontinence care and requires physical assistance 7 days per week

If catheter/ostomy present: Does applicant require physical assistance from another person to perform catheter/ostomy care on an ongoing basis?

Always: Applicant is always capable of performing catheter/ostomy care without physical assistance.
Usually: Applicant is incapable of performing catheter/ostomy care and requires physical assistance 1-3 days per week.
Usually Not: Applicant is incapable of performing catheter/ostomy care and requires physical assistance 4-6 days per week.
Never: Applicant is never capable of performing catheter/ostomy care and requires physical assistance 7 days per week.

Rule says…

The Applicant is disoriented to person (e.g., fails to remember own name, or recognize immediate family members), place (e.g., does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm) daily or at least four days per week.

Approval of this deficit shall require documentation of the specific orientation deficit(s), including the frequency of occurrence of such deficit(s), and the impact of such deficit(s) on the Applicant.

TN™

Orientation

Helpful Hint: Orientation

Please note that the definition is for disorientation to person, place, or event/situation; this does NOT include such things as time, or people who are not immediate family. An example may be the applicant does not know who he/she is and/or where he/she is or they are unable to make decisions that prevent risk of harm.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, Nurse's notes, psych notes, mini-mental status exam, SLUMS, HCBS tools

Question on the PAE

Is applicant oriented to PERSON (remembers name; recognizes family), PLACE (does not know residence is a NF), or event/situation (e.g., is unaware of current circumstances in order to make decisions that prevent risk of harm)?

Always: Applicant is always oriented to person, place and event/situation.
Usually: Applicant is not oriented to person or place or event/situation 1-3 days per week.
Usually Not: Applicant is not oriented to person or place or event/situation 4-6 days per week.
Never: Applicant is never oriented to person or place or event/situation 7 days per week.

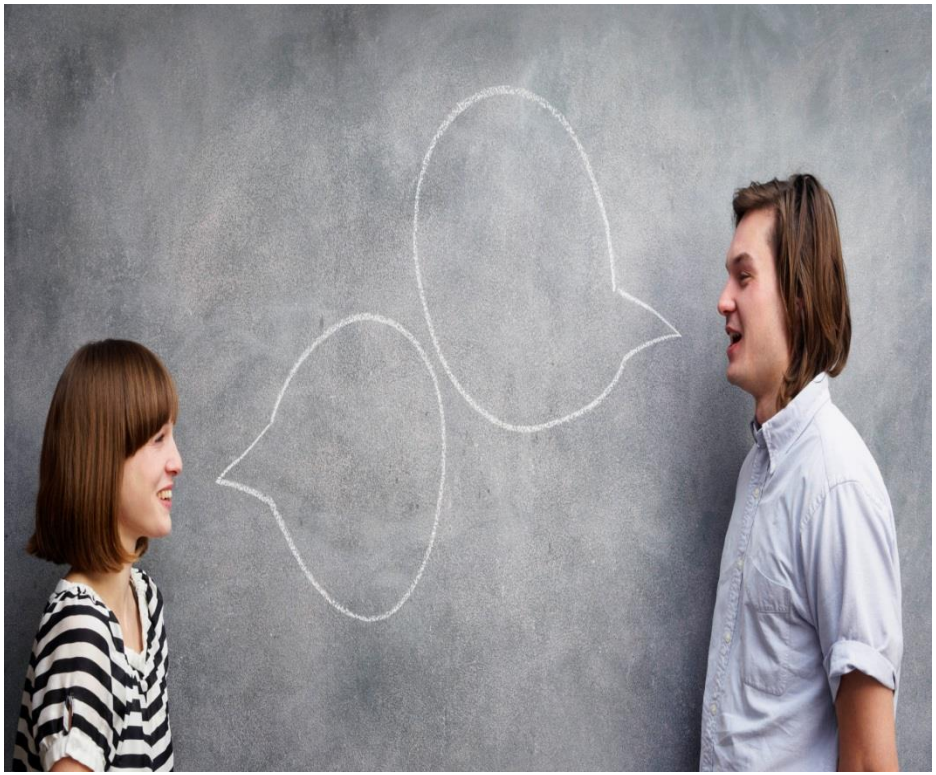
Rule says…

The Applicant is incapable of reliably communicating basic needs and wants (e.g., need for assistance with toileting; presence of pain) in a manner that can be understood by others, including through the use of assistive devices; or the Applicant is incapable of understanding and following very simple instructions and commands without continual intervention (daily or at least four days per week).

Approval of this deficit shall require documentation of the medical condition(s) contributing to this deficit, as well as the specific type and frequency of communication assistance required.

Communication

Helpful Hint: Communication



Expressive:

An example may be the applicant needs help to let others know that he/she needs to use the toilet.

Receptive:
Does not include complex instructions. Can the applicant follow simple instruction within their functional ability?

Recommended documentation to support this functional deficit:
H&P, Plan of Care, ST notes, Nurse's notes, psych notes, mini-mental status exam, SLUMS, HCBS tools

Questions on the PAE

EXPRESSIVE: Can applicant reliably communicate basic wants and needs?

Always: Applicant is always capable of reliably communicating basic needs and wants.

Usually: Applicant is incapable of reliably communicating basic needs and wants and requires continual intervention 1-3 days per week.

Usually Not: Applicant is incapable of reliably communicating basic needs and wants, and requires continual intervention 4-6 days per week.

Never: Applicant is never capable of reliably communicating basic needs and wants, and requires continual intervention 7 days per week.

RECEPTIVE: Can applicant understand and follow very simple instructions without continual intervention?

Always: Applicant is always capable of understanding and following very simple instructions and commands without continual intervention.

Usually: Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 1-3 days per week.

Usually Not: Applicant is incapable of understanding and following very simple instructions and commands without continual intervention 4-6 days per week.

Never: Applicant is never capable of understanding and following very simple instructions and commands without continual intervention 7 days per week.

Rule says…

The Applicant is not cognitively or physically capable (daily or at least four days per week) of self-administering prescribed medications at the prescribed schedule despite the availability of limited assistance from another person. Limited assistance includes, but is not limited to, reminding when to take medications, encouragement to take, reading medication labels, opening bottles, handing to Applicant, reassurance of the correct dose, and the use of assistive devices including a prepared medication box. An occasional lapse in adherence to a medication schedule shall not be sufficient for approval of this deficit; the Applicant must have physical or cognitive impairments which persistently inhibit his or her ability to self-administer medications.

Approval of this deficit shall require evidence that such interventions have been tried or would not be successful, and that in the absence of intervention, the Applicant's health would be at serious and imminent risk of harm.

Medication

Helpful Hint: Medication

Applies to all medications person receives that are to be received long term. If prepared, can the applicant place the medication(s) into his/her mouth or apply patch, inject, etc.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, Order/prescription for medications listed as unable to self-administer, MAR, Nurse's notes, ST notes, MDS, HCBS tools

Question on the PAE

Is applicant physically or cognitively able to self-administer medications with limited assistance from others (as described above)? This excludes sliding scale insulin which is documented in the skilled services section.

Always: Applicant is always capable of self-administration of prescribed medications.
Usually: Applicant is incapable of self-administration of prescribed medications without physical intervention 1-3 days per week.
Usually Not: Applicant is incapable of self-administration of prescribed medications without physical intervention 4-6 days per week.
Never: Applicant is never capable of self-administration of prescribed medications without physical intervention 7 days per week.

NOTE: *If 'UN' or 'N' is marked, please list medications for which assistance is needed, and provide an explanation regarding why the applicant is unable to self-administer with limited help from others*

Rule says…

The Applicant requires persistent staff or caregiver intervention and supervision (daily or at least four days per week) due to an established and persistent pattern of behavioral problems which are not primarily related to a mental health condition (for which mental health treatment would be the most appropriate course of treatment) or a substance abuse disorder (for which substance abuse treatment would be the most appropriate course of treatment), and which, absent such continual intervention and supervision, place the Applicant or others at imminent and serious risk of harm. Such behaviors may include physical aggression (including assaultive or self-injurious behavior, destruction of property, resistive or combative to personal and other care, intimidating/threatening, or sexual acting out or exploitation) or inappropriate or unsafe behavior (including disrobing in public, eating non-edible substances, fire setting, unsafe cooking or smoking, wandering, elopement, or getting lost).

Approval of this deficit shall require documentation of the specific behaviors and the frequency of such behaviors.

Behavior

Helpful Hint: Behavior

Notice answers are in reverse from previous options, “Always” referring to the person requires intervention for behaviors. An example may be the applicant needs someone to intervene daily when he/she attempts to strike their caregiver.

Recommended documentation to support this functional deficit:
H&P, Plan of Care, Documented diagnosis, Nurse’s notes, psych notes, HCBS tools

Question on the PAE

Does applicant require persistent intervention for an established and persistent pattern of behavioral problems not primarily related to a mental health or substance abuse disorder?

Always: Applicant always requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 7 days per week.

Usually: Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 4-6 days per week.

Usually Not: Applicant requires persistent staff or caregiver intervention due to an established and persistent pattern of behavioral problems 1-3 days per week.

Never: Applicant never requires persistent intervention due to an established and persistent pattern of behavioral problems.

***NOTE**: If 'A' or 'U' is marked, please specify the behavioral problems requiring continual staff or caregiver intervention*

HCBS Tools

Required to be submitted with all ECF PAEs

Review your HCBS Assessment Manual along with the following slides

Conducting Your Assessment

- Applicant and Collateral tools are required for ECF PAE submission
- Many times this is the only medical documentation we will receive
- Be thoughtful about the interview process, the applicants may not be able to provide reliable information
- It is important to record your observations

Transfer

Applicant Tool:

Interview Questions:
Are you able to:
Sit down and get up from a chair by yourself?
Get in and out of bed by yourself?
Get on/off the toilet by yourself?
Comments: If the answer is not "Always" and the applicant lives alone – how do they manage when no one else is there?
Do you require physical assistance to transfer? Mark the response the applicant gives.
Who assists with transfers?
Describe the assistance needed/ provided
How many days per week do you require physical assistance with transfers?
Supporting Medical Condition(s)?
Transfer Observations: Document what you see and hear in the observations section. For example, an applicant may report that they can get in and out of bed by themselves, but they are not able to sit up by themselves. An applicant may say they cannot get in and out of bed by themselves but they met you at the door and walked to the living room with you.

Mobility

Applicant Tool:

Interview Questions:
Are you able to walk (with or without assistive devices)? Mark exactly what the applicant tells you.
Are you able to use a wheelchair independently (manual or electric)?
Do you require physical assistance from another person with mobility?
Who provides assistance?
Describe how the person assists you
If physical assistance from another person is indicated, how many days per week ?
Gait Observation: document what you observe, if you observe the mobility of the applicant.
Have you fallen inside or outside your home? If yes, please provide responses to the next questions regarding when and injuries sustained.
Supporting Medical Condition(s)?
Mobility Observations: Provide your observations to clarify the functional abilities of the individual (e.g., the applicant may tell you they never leave home except on Saturday when they drive to the store to get groceries. This would be very important information to help clarify the individual's capabilities). Conversation with the applicant can yield important descriptions about the individual's capabilities and inabilities. Note assistive devices utilized or available and not utilized.

Eating

Applicant Tool:

Interview Question:

Are you able to eat prepared meals by yourself? If no, do you require assistance? Who provides assistance?

What kind of assistance does this person provide?

If assistance from another person is indicated, how many days per week?

Do you have a feeding tube? If yes, are you able to manage feedings independently? If no, how many days per week do you require physical assistance with your tube feedings? Please do not assume that just because someone has a feeding tube they are dependent upon someone else for tube management.

Supporting Medical Condition(s)?

Eating Observations: Document any additional information which you feel would be appropriate in describing the functional ability for this applicant to eat. Particularly identify any contradictions in reported information.

Toileting

Applicant Tool:

Interview Questions:

Are you able to clean yourself, including adjusting clothing, after toileting?

If No, describe physical assistance needed, who provides assistance, and number of days per week. This is a yes or no question. You will add additional information in the observations section.

Do you have bowel incontinence?

This is a yes or no question and should include frequency of incontinence.

Do you have bladder incontinence?

This is a yes or no question and should include frequency of incontinence. If increased incontinence at a particular time you would add to this section (e.g., "I urinate when I cough"). This may be helpful documentation as this would be described as stress incontinence episodes.

Are you able to clean yourself, including adjusting clothing, after an incontinence episode?

If No, describe physical assistance needed, who provides assistance, and number of days per week. This is a yes and no question. You will add additional information in the comments section.

Do you use a catheter? Do you have an ostomy? If yes to either catheter/ostomy, can you manage without physical assistance from another person? Who provides this assistance? Describe how the person assists you.

Supporting Medical Condition(s)?

Toileting Observations: Use this section to add any information you have observed that may help "paint the picture" by what the applicant has told you. Remember this interview is only for information given by the applicant. You should not be documenting anything other than what the applicant tells you and what you have observed.

Orientation

Applicant Tool:

Prior to starting the orientation portion of this interview, inform the applicant that some of the questions may seem unnecessary but are a required part of the interview. Keep in mind this is not a behavioral health interview, you are looking strictly at functional abilities. It is important to build rapport to help the individual remain comfortable and candid. Many times someone with an orientation issue becomes skilled at covering up confusion. Ensure that anyone else present is informed that *these are questions just for the Applicant.* Always remember to be thoughtful and give the applicant time to respond to questions. If there are any questions which are not applicable, you should always write N/A. This will reflect that you have addressed all questions.

Interview Question:

Person

What is your full name? Document exactly what the person tells you. Indicate if this is correct or incorrect

Can you name the other people in the room or can you name the people from photographs in the room? Document exactly what the person tells you. Indicate if this is correct or incorrect

Information confirmed with? It is always important to confirm the information the applicant gives you with someone who knows whether or not the responses are correct.

Orientation

Applicant Tool: *continued*

Place

Can you tell me where you are? Write exact what the individual reports. Do not prompt. Indicate if this is correct or incorrect.

What is your street address/ room number (if applicable)? Write exactly what is said. Do not prompt. If s/he does not know, document that. Indicate if this is correct or incorrect.

What city/ town are you in? Write exactly what the applicant gives as a response. If s/he does not know, document that. Indicate if this is correct or incorrect.

Information confirmed with? It is always important to confirm the information the applicant gives you with someone who knows whether or not the responses are correct.

Orientation

Applicant Tool: *continued*

Event/Situation

Describe what you would do in case of an emergency
Information confirmed with?
Is assistance required with orientation? If yes, number of days per week and who provides this assistance? Describe how this person assists you?
Supporting Medical Condition(s) specific to orientation

Orientation Observations: Use this section to add any information you have observed that may help "paint the picture" by what the applicant has told you. Remember this interview is only for information given by the applicant. You should not be documenting anything other than what the applicant tells you and what you have observed.

Communication

Applicant Tool:

In this section your focus will be to interview and observe the applicant's communication abilities. You will be asking for a demonstration of these skills.

Interview Question:

Can you make people understand when you need something? Ask the applicant to respond yes or no. If the individual provides further information which you find useful in clarifying the individual's capabilities and/or limitations, add that information to the communication observations section at the end of Section 6.

Speech Impairment: This is strictly from your observation.

Hearing: Hearing is assessed from your observations. Consider your efforts to communicate with the individual when responding to this section (e.g., Have you had to make your voice louder throughout the interview to successfully communicate?).

Vision: Select the appropriate box.

Give applicant a simple command within their functional ability (raise right hand, touch nose, point to your pen) and document their ability to follow this simple command. This is assessing both the individual's receptive communication and his/her ability to respond to simple commands.

Did there appear to be any communication deficits while completing this interview?

Did applicant use communication assistive device? If yes, list type

Supporting Medical Condition(s)?

Communication Observations: Use this area to document any observations which you feel would help provide an accurate picture of the individual's status and needs (e.g., Applicant was observed with slurred, slow speech which at times required that the assessor's understanding of responses to be confirmed with the individual).

Medication

Applicant Tool:

Medications (includes: PO, IV, IM, Enteral, optics, topicals, inhalers, continuous SQ pain pump). This section refers to chronic medications only and not short term or acute medications. **NOTE: Refusal or medication noncompliance is not be interpreted as being mentally incapable. You are documenting only what you observe, you are not making a determination.**

Interview Question:

Are you physically or cognitively able to self-administer physician prescribed medications by the routes listed below at the time prescribed? (Self -administration does not include reminding when to take medications, encouragement to take, reading medication labels, opening bottles, having them handed to you and/ or reassurance of the correct dose.) ***If no, please indicate the prescribed medication on the line provided. If none prescribed via that route, please mark NA as appropriate.*** Document the exact response the applicant gives you. This is **not** the item in which to note your observations. If not applicable, mark NA to reflect that you addressed this area.

Pills/Tablets Yes, No or NA, *Eye drops* Yes, No or NA, *Inhaler/Nebulizer* Yes, No or NA, *Topicals/Patches* Yes, No or NA, *Injections* Yes, No or NA, *Meds via Tube (G Tube, J tube, NG tube…)* Yes, No or NA

If No to any of the above, the assistance required as well as the numbers of days per week should have been answered in the preceding questions.

Describe assistance required

Supporting Medical Condition(s)?

Medication

Applicant Tool: *continued*

Medication Observations: Document your observations. Be specific in reporting what you observed, while remembering that you are not writing your opinion. E.g., you might write: While the applicant reported she was prescribed eye drops there were none in the house and when the daughter arrived to assist with medications, she did not administer any drops. ***Are you receiving any treatments that are ordered by a physician to be performed by a licensed Nurse/ Therapist?*** *Please respond yes or no and describe the services in the space provided. This would be any kind of service in the home that the applicant would like to have considered when looking at approval for Choices services (PT, OT, tracheal suctioning, ventilator services…)*

*** For services listed here, if you have attached the required documentation, a collateral interview with the persons providing the service(s) will not be required.*

Behavior

Applicant Tool:

Assessor Observed Behavior: Briefly describe in the *behavioral observations* section why you marked the box(es). We ask that you document your objective observations versus your opinions. It is easy to document an opinion regarding what you see versus an observation. Be sure to be objective and specific regarding the behavior you observe and record. For example, if an applicant gives consistent short answers, one interpretation might be that the individual was "angry/irritable", and another might be that the individual was very private and reluctant to answer questions. Ensure that the individual's actions, verbal content, body language, cultural considerations and other factors are objectively reviewed when recording your observations of the individual's behavior.

Level of consciousness: Please be sure to accurately assess the level of consciousness as observed.

Is there a diagnosis which would lead to a cognitive impairment? If yes is indicated here, please obtain additional documentation to support the reported diagnosis.

Remember that this is not a mental health evaluation; it is strictly to document the functional abilities of the applicant. This is a medically focused interview questionnaire.

Behavioral Observations: Comments about social situations should not be included. E.g. prior living conditions, future living arrangements, financial issues, etc. This is a physical assessment, not a social assessment.

Transfer/Mobility

Collateral Tool:

Choose the response that matches what the collateral reports. You may repeat the description of the item and of all item responses, but you may not suggest one answer over another answer in any way. Answer all questions in this section using the check boxes provided.
Gait Description Ask the Caregiver to describe how the applicant walks (e.g., slow, steady or unsteady, holds to furniture for support, etc.).
Is this applicant able to manage mobility? If no, please specify # of days per week assistance is required and share additional information in the comments section.

Transfer/Mobility Comments: Address any information the caregiver may share regarding the mobility and transfer abilities of the applicant that are not defined by the questions. This should be written using comments of the respondent. You may also document any comments you assess to be helpful in "painting the picture" of the applicant. Note assistive devices utilized or available and not utilized.

Eating/Toileting

Collateral Tool:

Document exactly what the caregiver answers. You may ask the caregiver to describe the individual's ability to perform a skill. However, do not guide or influence the caregiver's answer.

Place food/drink in their mouth (eat) without assistance from others? Can the individual pick up food with a spoon or fork and raise to his/her mouth. Is s/he able to get the food in his/her mouth? Can s/he feed self via tube if applicable?

Toilet Independently? Can they perform the function needed.

Maintain continence of bladder? Yes or No question, ask frequency if no.

Maintain continence of bowel? Yes or No question, ask frequency if no.

Clean self after incontinence episode? Does the applicant change incontinence supplies his/herself or does s/he require some level of assistance.

Eating/Toileting Comments: If partial assistance required or unable to perform, describe the required assistance and number of days per week. Write any comments which the caregiver had made to help in "painting the picture" of the applicant. Do not make judgments; rather, simply state facts of observations, caregiver's reports, etc.

Orientation/Communication/Behavior

Collateral Tool:

Describe any episodes of confusion or disorientation – are there specific times of day, if so how many days per week? Describe specific behaviors. As with the Applicant Interview Tool, the comment sections are for you to provide objective or observational information gained from your collateral interview.

These sections are strictly for recording comments and observations that arose from the collateral interview. Do not use the comment section of the Collateral Interview Tool to reiterate information already recorded on the Applicant Interview Tool. You are to document on the Collateral Interview Tool, information from collateral interview only.

Medication

Collateral Tool:

Interview collateral about the ability of the applicant to take his/her medications and assistance needed, if any. Do not lead or answer for the collateral. Please make sure to always obtain information regarding medications from the individual responsible for dispensing those medications as appropriate. Please provide their identifying information including credentials, if applicable, in the space provided.

Is He/She able to take pills from a medcup/hand, get them to their mouth, and swallow them on the appropriate schedule? Is He/She receiving any injections, topicals, eye drops, or inhalers? If yes, are they able to self-administer? If no, number of days per week assistance is required. If no to any of the above describe intervention(s)

Medication Comments: If unable to self-administer, describe physical limitations and number of days physical assistance is needed. Include any additional information the caregiver may give during this interview regarding medication administration

Putting it all Together

Bad News:

There is no formula.

Good News:

Use your skilled clinical knowledge.

Please continue onto Part III of the ECF Qualified Assessor Training